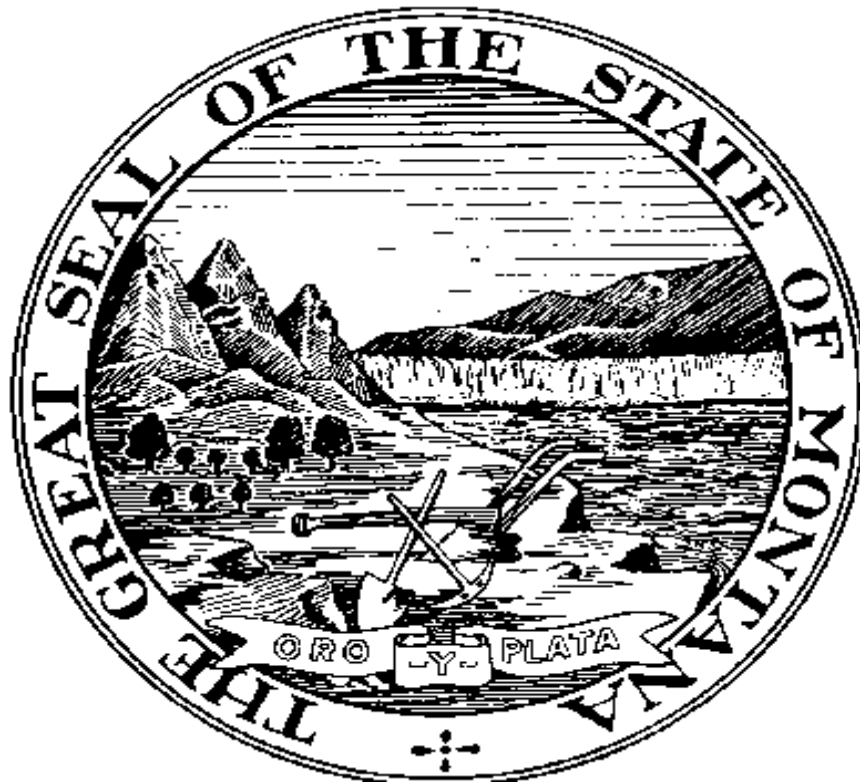


SAFETY SELF-INSPECTION CHECKLIST FOR EDUCATIONAL FACILITIES

Occupational Safety & Health Bureau



Montana Department of Labor & Industry

Prepared for Montana Employers
by the

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**SAFETY SELF-INSPECTION CHECKLIST
FOR EDUCATIONAL FACILITIES**

(Place a check where there is a deficiency)

ITEM:	COMMENTS:
<input type="checkbox"/> Montana Safety and Health Poster.	_____
<input type="checkbox"/> Montana 200 Injury/Illness log.	_____
<input type="checkbox"/> General housekeeping - all areas.	_____
<input type="checkbox"/> Floor and walkway conditions.	_____
<input type="checkbox"/> Floor and wall openings guarded.	_____
<input type="checkbox"/> Stairway and landing railings.	_____
<input type="checkbox"/> Portable ladders in good condition.	_____
<input type="checkbox"/> Scaffolds/platforms in good condition.	_____
<input type="checkbox"/> Exit lights are working.	_____
<input type="checkbox"/> Emergency lighting is working.	_____
<input type="checkbox"/> Exits/exitways are unobstructed.	_____
<input type="checkbox"/> Exits/exitways are marked.	_____
<input type="checkbox"/> Emergency alarms tested/working.	_____
<input type="checkbox"/> Compressed gas cylinders secured.	_____
<input type="checkbox"/> Flammable liquids in approved storage.	_____
<input type="checkbox"/> Flammable liquids containers closed.	_____
<input type="checkbox"/> Caution signs at flammable liquids.	_____
<input type="checkbox"/> Shop trash containers metal & closed.	_____
<input type="checkbox"/> Personal protective equipment (PPE)provided.	_____
<input type="checkbox"/> Personal protective equipment used.	_____
<input type="checkbox"/> PPE is maintained.	_____
<input type="checkbox"/> Training provided for PPE use.	_____

ITEM:	COMMENTS:
<input type="checkbox"/> Work areas adequately ventilated.	_____
<input type="checkbox"/> Respirator use program in place.	_____
<input type="checkbox"/> Work noise levels are controlled.	_____
<input type="checkbox"/> Hearing protection provided/used.	_____
<input type="checkbox"/> Waste containers emptied daily.	_____
<input type="checkbox"/> Work areas are free of rodents.	_____
<input type="checkbox"/> First/aid supplies are available.	_____
<input type="checkbox"/> Emergency eye wash/shower provided.	_____
<input type="checkbox"/> Written confined space entry program.	_____
<input type="checkbox"/> Written lock-out tag-out program.	_____
<input type="checkbox"/> Emergency plans in place.	_____
<input type="checkbox"/> Fire extinguishers provided as needed.	_____
<input type="checkbox"/> Fire extinguishers inspected monthly.	_____
<input type="checkbox"/> Fire extinguishers annual maintenance.	_____
<input type="checkbox"/> Fire extinguisher training provided.	_____
<input type="checkbox"/> Fire extinguisher systems inspected.	_____
<input type="checkbox"/> Aisleways are maintained and clear.	_____
<input type="checkbox"/> Materials are stored securely.	_____
<input type="checkbox"/> Storage housekeeping is maintained.	_____
<input type="checkbox"/> Machine points of operation are guarded.	_____
<input type="checkbox"/> Grinder tongue guards in place/adjusted.	_____
<input type="checkbox"/> Grinder workrests are placed/adjusted.	_____
<input type="checkbox"/> Pulleys and belts are guarded.	_____
<input type="checkbox"/> Sprockets and chains are guarded.	_____
<input type="checkbox"/> Gears are guarded.	_____

ITEM:	COMMENTS:
<input type="checkbox"/> Fan blades are adequately guarded.	_____
<input type="checkbox"/> Woodworking machines have drop-outs.	_____
<input type="checkbox"/> Table saws have hood guards.	_____
<input type="checkbox"/> Table saws have spreaders.	_____
<input type="checkbox"/> Table saws have anti-kickback device.	_____
<input type="checkbox"/> Radial saws have lower blade guard.	_____
<input type="checkbox"/> Portable power tools are grounded.	_____
<input type="checkbox"/> Air blast nozzles are restricted to 30 PSI.	_____
<input type="checkbox"/> Portable power tools properly guarded.	_____
<input type="checkbox"/> Welding gas cylinders properly labeled.	_____
<input type="checkbox"/> Welding gas cylinders are secured.	_____
<input type="checkbox"/> Oxygen is separated from fuel gas.	_____
<input type="checkbox"/> Unused cylinder valves are capped.	_____
<input type="checkbox"/> Cylinder valves closed when not used.	_____
<input type="checkbox"/> Welding operations adequately shielded.	_____
<input type="checkbox"/> Welding protective equipment adequate.	_____
<input type="checkbox"/> Welding operating rules strictly followed.	_____
<input type="checkbox"/> Welding cables sound and unspliced.	_____
<input type="checkbox"/> Welders are disconnected after use.	_____
<input type="checkbox"/> Proper ventilation at welding operations.	_____
<input type="checkbox"/> First aid and fire protection at welding.	_____
<input type="checkbox"/> Electrical equipment suitable & durable.	_____
<input type="checkbox"/> Electrical splices suitable & adequate.	_____
<input type="checkbox"/> Disconnect means are properly labeled.	_____
<input type="checkbox"/> Live electrical parts guarded from contact.	_____

ITEM:	COMMENTS:
<input type="checkbox"/> GFCI/grounding program for construction.	_____
<input type="checkbox"/> Overcurrent devices readily accessible.	_____
<input type="checkbox"/> Paths to ground permanent & continuous.	_____
<input type="checkbox"/> Refrigerators, freezers, & AC grounded.	_____
<input type="checkbox"/> Hand held tools grounded/dbl.insulated.	_____
<input type="checkbox"/> Boxes and fittings are provided covers.	_____
<input type="checkbox"/> Extension cords not in permanent use.	_____
<input type="checkbox"/> Extension cords are not run overhead.	_____
<input type="checkbox"/> Extension cords are not through walls, etc.	_____
<input type="checkbox"/> Electrical fixtures at wet/damp suitable.	_____
<input type="checkbox"/> Hazardous location electrical approved.	_____
<input type="checkbox"/> Written Infection Control Program.	_____
<input type="checkbox"/> Infectious wastes properly handled.	_____
<input type="checkbox"/> Written Haz-Com program in place.	_____